


Substitute for form 1449/PTO
(Revised 04/2003)

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 2

Complete if Known

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|------------------------|--------------------|
| Application Number | 10/661,822 |
| Filing Date | September 12, 2003 |
| First Named Inventor | S. Knight, et al. |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 018360/270836 |

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| Examiner Initials* | Cite No. | Document Number Number - Kind Code (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear |
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| Examiner Signature | /lg An/ | Date Considered | 02/26/2008 |
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /I.A./



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| Sheet | 2 | of | 2 |
| | | Attorney Docket Number | 018360/270836 |
| OTHER DOCUMENTS | | | |
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